

# FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☒ This is an **initial** Statement of Organization  
☒ This is an **amended** Statement of Organization

Reset Form

<b>FORM</b> <b>DR-1</b> (Rev. 04/2008)	<b>STATEMENT</b> <b>OF</b> <b>ORGANIZATION</b>
<b>For Office Use Only</b>	
Comm. #	1834
Indexed	
Audited	
Computer	db + WPS

**COMMITTEE NAME** ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)  
 Citizens for Burke

**IMPORTANT:** Indicate type of committee you are reporting for: 1

- (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee  
 (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC  
 (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committees involved in multiple city/county ballot issues)

## COMMITTEE TREASURER (mandatory for all committees)

Name ↓ Catherine Betts  
 Mailing Address ↓ 945 Twilight Drive  
 City, State ↓ North Liberty Iowa Zip Code ↓ 52317  
 Phone (319) 665-3201  
 e-Mail catherine-betts@uiowa.edu

## COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name ↓  
 Mailing Address ↓ ↓  
 City, State ↓ ↓ Zip Code ↓ ↓  
 Phone ( )  
 e-Mail

## INDICATE PURPOSE OF COMMITTEE - Check One Box

- Comment or description: ☐ Advocate for/against candidate(s) ☐ Advocate for ballot issue(s)  
☐ Advocate against ballot issue(s)

**All Candidates Enter:**  
 Office Sought: State House

**County/Local Candidates and Local Ballot Committees Enter:**

Political Party (if applicable) Republican

County: (If active in multiple ballot issue elections, attach list of counties)

District: 34

Date of Election: 11/02/2010

Year Standing for Election: 2010

## Bank Account Name (must match committee name)

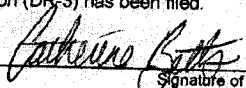
↓ ↓  
 Farmers State Bank  
 Name of Financial Institution/type of Account ↓ ↓  
 Checking  
 Mailing Address ↓ ↓  
 1240 8th Avenue, PO Box 569  
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓  
 Marion IA 52302-0569

## Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

↓ ↓  
 Jim Burke  
 Mailing Address ↓ ↓  
 1403 25th Street NW  
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓  
 Cedar Rapids IA 52405  
 Phone (319) 431-7814  
 e-Mail jburke.biz@imonmail.com

## STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

- The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
- That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
- That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in lieu of filing this form.
- That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
- A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 351—4.25.
- That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

  
 Signature of Treasurer

Date Signed

8-11-09

Signature of Candidate, OR, for all other committees, Chairperson

Date Signed